

THE HUMANITARIAN SITUATION IN IRAQ UNICEF'S CONTRIBUTION TO THE PANEL ON HUMANITARIAN ISSUES

The prevalence of malnutrition in Iraqi young children has been used as the main indicator to monitor the effects of the sanctions and advocate for a multi-sectoral approach to the 'Oil-for-Food' Programme (OFFP) based on the identification of other sectors such as Health, Education, Water and Sanitation as underlying causes of malnutrition which should be addressed.

The prevalence of malnutrition in Iraqi children under five almost doubled (12% to 23%) from 1991 to 1996, pointing to a major public health problem. Low birth weight rate increased from 4.5% in 1990 to 23.8% in 1998. Since then, the extent of malnutrition has stabilized in the more populous South/Centre, whereas, in the Northern governorates, it has declined significantly. The OFFP has improved the situation in the North, whereas it has only arrested decline in the South/Centre. The differential reduction in the North is due in part to higher per capita allocations of the OFFP, especially in agriculture, water and sanitation and education, as well as the availability of a cash component. The cash component provides for supply installation costs as well as "software" needs in the area of capacity building, community participation, advocacy and social mobilization.

South and Centre Iraq

- Prior to 1991, primary Health care reached approximately 97% of the urban population, and 78% of rural residents. Since that time, services and coverage have dramatically declined. After a major reduction in young child mortality from 1960 to 1990, vital statistics indicate a rising mortality due to diarrhoea and acute respiratory infections, combined with higher malnutrition rates. In spite of the high immunization coverage, there have been widespread outbreaks of measles. Although the OFFP was meant to provide a total value US\$820 million of health supplies for Phases I to IV, to date US\$540million (65%) have arrived in-country. The structural conditions of health facilities still need upgrading and the quality of delivery of services has greatly declined.
- The Education sector has been characterized by a continuous deterioration throughout the last eight years. Substantive progress in reducing adult and female illiteracy, increasing the number of qualified teachers and national expansion of the educational physical infrastructure has ceased and regressed to mid-1980s levels. The Government of Iraq made sizable investments in the education sector from the mid-1970s until the early 1990s. The sharp decline in government resources allocated to the sector since 1991 has resulted in extensive deterioration of educational infrastructure at all levels. The MoU budget allocation to education is the lowest among all sectors benefiting from OFFP and has not been sufficient to reverse the general trend towards degradation of the sector.
- Overall family impoverishment and economic hardship for specific groups of children and women in Iraq make them increasingly vulnerable. Until 1991, a national welfare system was in place to effectively assist unaccompanied (orphaned) children, children with disabilities and support to the poorest families were provided. Mostly due to the lack of financial and qualified human resources, this safety net has practically collapsed. The national network of 96 specialized institutions and centres for orphans and children with disabilities can no longer provide adequate assistance and no provisions exist in the OFFP to provide for these needs. Furthermore, the rising number of street children and children who work explain, in part, increased rates of school drop-outs and repetition as more families throughout the country are forced to rely on their children to secure household incomes.
- Prior to 1991, South/Centre Iraq had a sophisticated Water and Sanitation system comprising 210 Water Treatment Plants (WTPs) mainly for urban areas, 1200 compact WTPs to serve rural areas, and an extensive distribution network. Since then, due to insufficient human and financial resources the overall efficiency of the system has dropped to 40 to 50% of nominal efficiency rates, with no new systems constructed to cater to a growing population. It was stated in the MoU that the WES sector required US\$500 Million worth of supplies and works for rehabilitation of the existing system. However, the OFFP has only made available US\$24 million for the sector in all four phases which

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comes annually to less than 10% of the estimated needs. Furthermore, the value of supplies that have so far actually arrived in-country reaches 54% of that allocation.

Constraints that have negatively affected the level of achievement of OFFP across sectors are the following:

- The absence of a cash component is limiting the extent to which benefit is derived from in-coming supplies. In all sectors, many supplies are lying idle in warehouses for lack of cash to cover transportation and installation costs, as well as training needs.
- The extremely low level of salaries in the Government sector due to the sharp decline in the value of the Iraqi Dinar. Hence qualified teacher and doctors at present earn monthly salaries equivalent to less than US\$3 and are thus obliged to seek alternative sources of income in the private sector, or emigrate to other countries which contributes to the substantive decline of qualified human resources in the public sector.
- Disruption of services caused by recent power cuts which can last up to 10 hours a day.

Northern Governorates

Analysis of trends for the Northern Governorates is very difficult due to lack of baseline data on the situation prior to the onset of OFFP. However, due in part to the availability of cash to complement supply inputs, results seem to have been more positive than in South/Centre. This is reflected in the data on malnutrition which, according to a series of surveys conducted with UNICEF support, suggests that OFFP has contributed to a significant decline on the nutritional status of children with respect to underweight and acute malnutrition in the three northern governorates.

- In the **Health** sector, the availability of equipment, trained staff, as well as drugs and supplies have contributed to substantially increase patient attendance in health infrastructures. There seems to be a decline in prevalence of some infectious diseases such as measles, and better control over others such as polio. However, this cannot be documented because of lack of prior year records.
- Notable improvements in the **Water and Sanitation** sector in the North include enhanced quality and quantity of household drinking water. With renovated and new systems established with OFFP inputs, the coverage with safe water has improved most markedly in terms of quality in urban areas, and in both quantity and quality in rural areas.
- **Primary Education** in the three Northern governorates faced problems of increasing number of non-qualified teachers, rising repetition rates and low promotion rates. However, sustained availability of basic school and learning materials and continuous investment in school rehabilitation (since the beginning of the OFFP with complementary assistance of international aid since 1991) have resulted in 11% net increase of primary enrollment between 1997-1998 and 1998-1999 school years.
- In the three northern governorates, the inclusion of **vulnerable groups of children** in OFFP, with a budget of \$4.2 million for Phases II-IV has had a positive impact on living conditions in orphanages and allowed the restoration of special health and education services for approximately 1,500 children between the ages of 6 to 14. It is important to mention that landmines in Northern Iraq continue to be the most important source of children's physical disabilities. During the period 1995-1998, 25% of recorded landmine accidents affected children and adolescents under 16 years of age. Training and orientation on the subject has now been introduced in the education system.

The UNICEF Country Programme

UNICEF has been present in Iraq for 15 years. The present Country Programme (1999-2000) is based on an approved budget ceiling of US\$25 million. In addition to the implementation of the regular country programme, UNICEF has been assigned responsibility for observation of commodities delivered within the framework of OFFP in the Water and Sanitation and Education sectors of South Centre/Iraq. In the Northern Governorates, UNICEF implements OFFP in Primary Health Care, Water and Sanitation,

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Primary Education and Child Protection. The UNICEF Country Programme in Iraq seeks to integrate training, capacity building, improved service delivery and the associated rehabilitation of the social sector components. It complements and supplements OFFP. A three pronged approach has been adopted:

1. Expanded national coverage on selected multi-sectoral programme activities, such as the Expanded Programme of Immunization, micro-nutrients, growth monitoring and promotion, Control of Diarrhoeal Diseases and Acute Respiratory Infections, combined with advocacy and social mobilization for the Convention on the Rights of the Child and key goals on survival and protection of children;
2. Area-based programmes in geographical locations with high risk birth rates and/or those lagging far behind the national average for these goals.
3. Ensuring complementarity between the regular CP and OFFP through interventions such as the provision of cash resources which are so much lacking in south/centre to support the WATSAN and Education sectors, as well as the provision of support to Community Child Care Units (CCCU)s to address the issue of targeting malnourished children.

UNICEF will continue to conduct important surveys that will help assess trends and impact. Studies on maternal and child mortality, comprehensive assessment of the water and sanitation sector, as well as the continuation of regular nutritional status surveys are ongoing.

RECOMMENDATIONS

1. **There is an urgent need for a cash component for South/Centre Iraq.** This continues to be a major constraint in the effective deployment and use of inputs provided to date and has contributed significantly to differential impact (between the North and South/Centre) of on-going humanitarian efforts. The cash component should be adequate enough to accelerate utilization of inputs provided and meet the needs for sector-wide rehabilitation, including capacity building of human resources.
2. **A medium and long-term perspective is needed in the future planning of humanitarian programmes.** Present efforts address the most immediate needs, at the neglect of future implications. Planning will need to be based on a sector-wide assessment of the present situation. Future plans will need to look beyond the immediate needs for maintenance and include the requirements for rehabilitation emerging from the progressive decline over the last eight years, as well as the expanded requirements to cater to population growth. Issues of cost-effectiveness and sustainability are especially important in the North. In the long term, protection of the basic investment required for the social sector will need to be ensured.
3. **The scope of the humanitarian programmes needs to be expanded to address the psychosocial effects of the situation.** While hard data is not available, field experience shows that the number of working and street children has increased and family coping capacities have declined. The social fabric, including the stability of the family, is affected with youth emerging as a particularly vulnerable group. The experience in Northern Iraq shows that even modest investments for children in need of special protection measures quickly result in positive gains, further underscoring the importance of this element.
4. **There is a need to review the nature of the inputs presently included in the humanitarian package.** For example, the inclusion of the infant food formula is related to a 30% increase in bottle-feeding of infants, accompanied by suppression of breast milk. Inputs that would have a direct and positive impact on the quality of teaching and learning are a priority.
5. **Inter-sectoral convergence in the deployment of available inputs would help to maximize impact.** The use of contaminated water for the preparing the infant food formula increases the risk of diarrhoea, thereby contributing to malnutrition and illness. Acceleration of the rehabilitation of the electricity is essential for the improved provision of safe water and sanitary facilities.

6. **Present provisions in the humanitarian package need to be increased to redress the disparities in per capita allocations between the North and South/Centre Iraq and to cater to the total needs of affected populations, especially in education, water and sanitation. For example, provisions for WES are barely sufficient to cover the normal depreciation costs. Those for primary education are well below the estimated US\$100 million required to address about half the objectives defined in OFFP.**
7. **At the same time, given the practicalities of the resource position, there is a need to continue advocacy for a targeted focus on the most affected groups.**

UNICEF IRAQ
Iraq Country Report of Indicators

HEALTH

INDICATOR	1990-1991	1994	1997
Under Five Mortality Rate (per 1000 live births)	48 (1990)/(a)	71 (1994)/(b)	122 (1997)/(a)
Infant Mortality Rate (per 1000 live births)	25 (1990)/(c)	57 (1994)/(b)	94 (1997)/(a)
Maternal Mortality Rate (per 100,000 live births)	310 (a)	N/A	N/A

Sources:

- a) State of the World Children Report, UNICEF 1999
- b) State of the World Children Report, UNICEF 1996
- c) Ministry of Health

NUTRITION

INDICATOR		1991 (a)	1994 (b)	1996 (c)	1997	1998
Underweight (weight/age)	South/Centre	9.2%	23.4%	23.4%	24.7% (d)	22.8% (f)
	North		25.8%	19.3%	15.9% (e)	13.6% (g)
Stunting (Low height/ age)	South/Centre	18.7%		32%	27.5% (d)	26.7% (f)
	North		37.3%	26.3%	30.3% (e)	24.3% (g)
Wasting (Low weight/ height)	South/Centre	3%		11%	8.9% (d)	9.1% (f)
	North		4.2%	3.8%	3.1% (e)	1.7% (g)

Sources:

- a) Harvard University International Study Team, 1991
- b) Nutritional Status Survey, UNICEF 1994
- c) Multiple Indicator Cluster Survey, Central Statistics Organization/UNICEF, 1996
- d) Nutritional Status Survey, Ministry of Health/ UNICEF, 1997
- e) Household Survey, UNICEF 1997
- f) Nutritional Status Survey, Ministry of Health/UNICEF, 1998
- g) Nutritional Status Survey, Governorate Departments of Health/UNICEF, 1998

WATER AND SANITATION

INDICATOR		1990-1991	1997
Quantity of water (litres/day)	Baghdad (a)		330
	Urban (a)		270
	Rural (a)		180
Contamination in water samples (b)			5%
Water losses in network (c)			25%
Number of auxiliary machinery and equipment (c)			15%
Number of operational maintenance workshops (c)			6,500
Years of experience of working cadres and personnel (c)			700
Training courses for cadres			60
			20 years
			9 years
			2 weeks/person/year
			nil

Sources:

- a) Survey on Coverage of Water and Sanitation Services in Iraq, General Establishment for Water and Sewerage/CARE International/UNICEF, 1997
- b) Estimates based on the Ministry of Health Quality Control Reports
- c) Estimates based on technical reports, official forecasts and field observations.

PRIMARY EDUCATION

INDICATOR		1990-1991 (a)	1995 (b)	1998
Gross Enrollment Rate 6-11 years		102%	96%	88% (c)
Number of Primary Schools	South/Centre	7,883		7,572 (d)
	North	842		2,149 (e)

Sources:

- a) Statistical Year Book/National Planning Commission, 1992
- b) Ministry of Education, 1996
- c) Estimate based on official enrollment figures and results of the 1997 Population Census
- d) Ministry of Education, 1998
- e) UNICEF/UNESCO 1998



HUMANITARIAN SITUATION IN IRAQ

1. Food Supply/Demand Situation

Up to 1990, domestic food production accounted for only one third of total utilisation for most of essential food items, with the balance covered by imports. Since the imposition of the oil embargo in August 1990, the country had to rely mainly on domestic production to meet food needs. As a consequence, food shortages and malnutrition became progressively chronic. Prior to the Gulf war in 1990, Iraq had one of the highest per capita food availability in the region. Since then the dietary energy supply fall from 3.120 kcal/cap/day to 2.076 kcal/cap/day in 1995. Since 1991, FAO and WFP have jointly fielded a series of Food Supply and Nutrition Assessment Missions which reported on the deteriorating food and nutrition situation. The last Mission (1997) found that although there had been some improvement in the overall food supply situation following the implementation of SCR 986, malnutrition still remained a serious problem throughout the country.

2. The Nutritional Status:

A nutritional status survey in 87 Primary Health Centres throughout southern and central Iraq was conducted on 15000 children under 5 years of age on April 1997. Its purpose was to provide a baseline for SCR 986, in accordance with the MOU. The survey showed that 24.7% of the children under five years of age were malnourished, they have low weight-for-age in comparison to the WHO standard. Even one year after the sanctions began in 1990, only 9.2% of children in the same governorates were found to be malnourished. Further, results show that almost the whole young child population is affected with a shift in their nutritional status toward malnutrition¹.

A nutritional status survey of infants attending routine immunization sessions at 87 Primary Health Centres in 15 throughout southern and central Iraq was conducted in October 1997. Results of the October 1998 survey which compared with that conducted in October 1997 reveal little changes in nutritional status since the start of SCR 986. In infants, the prevalence of malnutrition has remained almost the same. There were neither difference between sexes or degree of urbanization:

	Oct. 1997	1998
General malnutrition	14.6	14.7
Acute malnutrition	7.5	8.2
Chronic malnutrition	12.2	11.7

The same situation is also likely for children aged under five years. This is consistent with the delay in arrival of the enhanced food basket, and the inadequate support received for

¹ *Nutritional Status Survey at Primary Health Centres During Polio National Immunization Days in Iraq, UNICEF Nov. 7, 1998.*
Nutritional Status Survey of Infants in Iraq, UNICEF Nov. 7, 1998.



other factors important for nutrition, such as food production water and sanitation, electrical power, education, health services, and employment.

The survey showed signs that infant feeding patterns have deteriorated, with the prevalence of bottle feeding increasing over the past year from 21% to about 30%. This may be related to the increase of formula supply in the ration.

The nutritional status of adults was investigated by determination of Body Mass Index for adult females and males in Baghdad and Kerbala by FAO mission during June 1997. It was concluded that significant levels of malnutrition are present in the Iraqi population, especially in children and younger male adults, the latter being an indication of reduced food availability over the past sanction years.

BMI for mothers in a larger sample in 15 governorates in southern and central Iraq was measured during October 1998 by MOU and UNICEF. The findings were of the same order of magnitude of the previous one, which shows no significant sign of nutritional improvement during 1997-1998.

3. The Agricultural Sector

Post-sanctions agricultural policy has been to increase production of strategic crops including wheat, barley, paddy and maize (compulsory area plantings) while also encouraging vegetable production to help supplement nutritional requirements. Poultry production has been given priority in the animal sector so as to meet protein requirements in the food ration. Until recently pricing policy relating to cereal crops was controlled whereby all produce was sold to the government at set prices. There has been a relaxing of the restrictions beginning in 1997 with barley, corn and rice followed in 1998 by wheat.

As at 31 January 1999, supplies to the agriculture sector for southern and central Iraq valued at \$US 90.4 million had arrived in Iraq since the start of SCR 986 - Oil-for-food programme, of which an amount worth \$ US 33.7 million had been installed at sites or delivered to end users. The focus of activity in this sector has been to provide farm inputs to a limited number of farmers, to conduct aerial spraying campaigns, to provide ground spraying chemicals and animal vaccines to farmers and to rehabilitate poultry production facilities.

A recent FAO end-user survey of yields in six governorates gives evidence of a downward trend in yields of farm production and a realistic picture of the dilemmas faced by farmers. The survey estimates a 30% drop in crop production. The crops surveyed include maize, wheat, barley, sorghum and vegetables.

Accurate figures on livestock populations are inaccessible. A recent outbreak of foot-and-mouth disease (FMD), reported by the Department of Animal Health, is assumed to have affected approximately one million cattle and sheep and is causing high mortality among offspring from infected mothers. Unchecked, the epidemic has the capacity to reduce the animal productivity. Only two batches of vaccine, ordered under phases I and IV are available, amounting to



approximately 500,000 doses. This is not enough to contain the outbreak, and FAO's estimate of the cost for procuring sufficient vaccines and facilities is in excess of \$ US 15 million. Even if sufficient vaccines could be made available, which is unlikely, trucks and cold storage units are also required to contain the spread of disease.

The provision of pesticides, herbicides and bee keeping equipment continues, although the coverage remains limited at less than 10% of the needs according to the available figures. Most of the chemicals ordered in phases III and IV did not arrive in time for optimal application. None of the eleven pesticide items ordered under phase III arrived in time, and only half of the eight items ordered under phase IV arrived in time for optimal application. One factor affecting the timeliness of delivery has been an inability to synchronise the delivery by suppliers and the transportation to farmers with seasonal needs.

Poultry production is becoming the cornerstone of the agricultural programme in the southern and central Iraq. A total of 17 consignments containing 180,000 eggs each, have been received, consigned to hatcheries, and as of 29 January 1999, yielded 2,297 MT of frozen poultry meat available for sale from refrigerated trucks in the streets of Baghdad and other cities. The present challenge is to resolve some of the logistical problems, to ensure that the arrival of inputs is synchronised so those chicks do not hatch before feed is available. Submitting all the necessary components as a package, and approving them as a package would also help reduce the losses. Contributions from non-SCR 986 (1995) sources have so far completed those provided under the programme.

For northern Iraq, SCR 986 agricultural programme has generally had a positive impact on the agricultural production, animal health revival and the rehabilitation of agricultural service institutions including enhancing the capabilities of the national staff. Further positive improvements are expected from the interventions for the agricultural higher institutions, agro-industry and forestry. Negative impact is also being experienced by the wheat growers who are experiencing a downward trend in wheat market prices, consequent to the free distribution of wheat flour in the UNSCR 986 food basket. The sharp drop of the market prices of wheat from US\$ 147 per metric ton, registered on the first day of SCR-986 when free wheat flour distribution commenced in the three northern Governorates to US\$ 53.7 per metric had negative impact on the production of wheat crop. In comparison to 1996/1997 agricultural season, the wheat cropped area has decreased by 12.8%, while the barley cropped area has increased by 73.8%.

The control of the internal and external parasites and vaccination has improved the health status of sheep, goats and cattle and resulted in affordable prices for animal proteins. However, outbreak of other diseases appears to be increasing. Peste de petits ruminants (PPR) and Foot and Mouth Disease (FMD) have been reported and confirmed in sheep and goats in all the three Governorates. Disease outbreaks are unpredictable and can not be foreseen when drawing Distribution Plans.

4. Recommendations

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1. Sustainable improvement in the nutritional well being of the population will require a substantial flow of resources into rehabilitation of the agriculture sector and the economy as a whole. Stimulation of the production of animal products, fruits and vegetables should continue, as well as to ensure the continuation of an adequate economic incentive for producers of the foods provided under SCR 986. In the short-term the diet should be diversified with fruits, vegetables and animal products.
2. With malnutrition and undernutrition widespread throughout Iraq, the emergency food assistance programme for malnourished children, their families, patients in hospital and residents in social institutions needs to be strengthened and the amount of rice, pulses and oil in the food aid provided, particularly for hospitals and other social institutions, should be sufficient to meet actual needs.
3. The food industry should be rehabilitated to help meet consumer demand and be permitted to import raw materials, spare parts, packaging, food grade chemicals and equipment, as well as the laboratory equipment and facilities necessary to enhance consumer safety through food quality control.
4. Rehabilitation of the water and sanitation systems is most urgently needed to safeguard environmental health.
5. Strengthen public health measures including routine growth monitoring in all health facilities including community child care centers, continuation and expansion of nutrition education and public health campaigns including preparation of weaning foods and the encouragement of breast feeding, the expansion of iron supplementation programmes. Reorganisation of the Nutrition Rehabilitation Centers to better provide for the specific needs of the malnourished is urgently required.
6. Strengthen data collection and coordinate food supply and nutrition monitoring with UN agencies, government departments and NGOs.
7. Recommendations relating to SCR 986 procedures:
 - **Accelerate the process of approval** of contracts of all agricultural supplies submitted by the Government of Iraq under SCR 986 and reduce delays in the arrival of foodstuffs to ensure effective implementation of the whole Programme.
 - A flexible approach is thus required that will permit **immediate emergency fund availability** and standing approval from SCC 661 for the importation of necessary drugs and vaccines to combat outbreak of animal diseases so as not to reverse the achieved level of health and productivity in the livestock sector.



- Inputs relating to the same agricultural activity should be **approved together** for southern and central Iraq in order to ensure coordinated delivery and effective implementation can be carried out.
- Establishment of a mechanism for a **cash component** to facilitate a more effective implementation of SCR 986 programme in southern and central Iraq. This is particularly important for the animal health sector where the cold chains, clinic centres, diagnostic laboratories and vaccine storage facilities are in need of urgent rehabilitation. There is also an insufficient capacity to undertake timely distribution of inputs to beneficiaries. Furthermore agricultural field officers and veterinarians are often limited from carrying out their tasks in the fields, e.g. implementing field demonstrations, animal vaccination campaigns, etc due to lack of cash.
- The national agriculture programme should take on a **short-term (up to 24 month) planning horizon**. Inputs and funding under the SCR 986 programme can remain at 6-month cycles but the nature of agriculture production requires a longer planning and implementation time frame. This is particularly true as infrastructure and organisations providing public services need to be rehabilitated and re-equipped.
- Increasing food production and restoring essential public services in the agriculture sector can only be accomplished with a **programme approach** to the current problems in Iraq. FAO has historically used this methodology for development projects and the same principles apply in Iraq under present circumstances.
- **In-country technical training courses** are required to make use of much physical input procured under SCR 986 to improve food production, e.g. poultry raising, artificial insemination, laboratory diagnostic techniques. Identifying and providing appropriate short-course training requirement needs to be facilitated under the SCR 986 programme.

26 February 1999

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WORLD HEALTH ORGANIZATION

**BRIEF ANALYSIS OF THE HEALTH SITUATION IN
IRAQ**

**Submitted to the Humanitarian Panel
Constituted under Security Council decision S/1999/100 of 30 January 1999**

25 February 1999

I. HEALTH SITUATION IN IRAQ BEFORE THE 1990s

1. To appraise the Humanitarian Panel of the status and trends of health and the provision of health services in Iraq, WHO is drawing on information from practical experience of its staff in the field. These include: contributions of the WHO Representative stationed in Iraq, staff employed by WHO under SCR 986, epidemiological data gathered by WHO in the Northern Governorates and obtained from the Iraqi Ministry of Health and other UN sources in central and southern Iraq.

2. The health care system in Iraq was based on an extensive and expanding network of primary, secondary and tertiary health care facilities. It was estimated that 97% and 78% of the urban and rural population respectively, had access to health services. These were linked between themselves and with the community by a large fleet of ambulances and service vehicles, and by a reliable communication system. Although the health care system tended to emphasize curative aspects, yet a set of active public health programmes complemented it, i.e. immunization programme, control of malaria and other insect borne diseases, etc.

3. In the area of environmental health, it was estimated that 90% of the population had access to an abundant quantity of safe drinking water through a network of some 1,500 water treatment plants. The capacity of the solid waste collection and disposal system in the major cities of Iraq functioned and relied on modern mechanical means of collection and sanitary disposal.

II. CURRENT HEALTH ISSUES

4. Since 1991, the hospitals and health centres have remained without repairs and maintenance. The functional capacity of the health care system has degraded further by shortages of water and power supply, lack of transportation and the collapse of the telecommunications system.

5. The Gulf War also led to a dramatic change in the health situation in Iraq. The deterioration of sanitation and other life-sustaining conditions led to the spread of many communicable diseases such as water-borne diseases and malaria, which had been under control, but came back as an epidemic in 1993 and has now become part of the endemic pattern of all communicable diseases in Iraq.

6. In 1997 malnutrition reached a rate of about 30% among children under five years, and about 25% of births were low birth-weight babies, which reflects how women have been affected by the overall poverty situation.

7. The flow of medicines and medical supplies under SCR 986 as from May 1997 increased availability of medicines and medical supplies to health institutions and people. As a result, the quality of health care has improved somewhat, but the insufficiency of funds has not permitted improvement of the whole environment in which health care is provided. For example, the physical facilities still could not be maintained because of lack of cash to provide the needed

services. Preventive activities are suffering from lack of communication and transport and outreach is very difficult, particularly in remote districts where even the rate of immunization remains low.

8. Malnutrition is still widespread, although the food supply has increased due to SCR 986. The quantity of food available has been increased, but the quality needs to be improved.

9. Water quality has improved relatively, compared to past years, but remains far from satisfactory, and large parts of the population do not have access to safe drinking water.

10. Environment-related diseases such as malaria, leishmaniasis, and others continue to be of big concern. All vector-borne diseases continue to be on the increase because of lack of sufficient insecticides, poor environment and resources, i.e. cash for operationing prevention and control campaigns.

11. The non-respect of delivery dates by suppliers of medicines continues also to be an additional constraint to a regular flow and availability of essential medicines.

12. The current conditions in maternity hospitals led to the situation that the hospital deliveries came down from 70% to 30% or less.

III. CONSTRAINTS & OTHER ISSUES

13. Since the start of SCR 986, the two top priorities have been obtaining food and medicines. Although the flow of food has been secured, there have not been enough resources to provide a continuous supply of medicines. Furthermore, the lack of cash for hospital rehabilitation means that working conditions continue to deteriorate.

14. The lack of resources has not permitted the renewal of basic equipment. Therefore, only part of the needs could be met and yet most of the equipment ordered will not be delivered before the end of 1999 - three years after the start of SCR 986 implementation. Priority was given to drugs in the first three phases of SCR 986.

15. Another handicap to health services is the lack of transport, communications and basic supplies such as informatics equipment, stationery, etc.

16. The distribution of medicines continues to face problems due to a lack of transport to governorates and health facilities. This is compounded by storage problems at the central level which impedes the speed of distribution. Central warehouses and warehouses in the governorates deteriorated over the time, and they lack handling equipment and the minimum required tools for effective management of huge quantities of supplies. A study made showed that the Central Warehouses are operating at less than 20% of their previous capacity.

CONCLUSION

17. SCR 986 did help in making more medicines and services available to the population. However, malnutrition and communicable diseases remain endemic, and the health systems need major improvement. The resources made available are just sufficient for medicines and some equipment.

18. WHO believes that medicines and medical supplies should not be subjected to procedures that would severely delay their ordering and arrival to patients in the country under sanctions. With this principle in mind, the WHO Director-General has recently written to the Un Secretary-General requesting him to share this position of WHO with the 661 Committee.

19. WHO has also, through the Council of Arab Ministers expressed its willingness to share its expertise with the Government of Iraq with the aim of streamlining the process of submitting applications.



WFP Brief to the Panel Assessing the Humanitarian Situation in Iraq

Introduction and Summary of the Humanitarian Situation

1. The humanitarian situation in Iraq, while generally agreed to be critical, is characterised by a lack of coherent and complete information. While individual UN agencies may provide limited snapshots within their respective sectors - and particularly with regard to the performance of the oil-for-food agreement - there is no authoritative global assessment of the state of the Iraqi economy and the cumulative effects of the protracted economic embargo. Only with an overall, inter-sectoral study that measures the effects of sanctions on the Iraqi economy and on the humanitarian situation will the Panel have the necessary information to make clear recommendations. Provision for such an assessment has been included in the draft outline for the two-year review of the humanitarian programme in Iraq and WFP fully supports this assessment being carried out in a comprehensive manner. WFP would suggest that the study be carried out by a group of inter-agency experts and should include a full socio-economic assessment including issues surrounding poverty such as employment, coping mechanisms, the depletion of household assets, etc.

2. Despite significant improvements in overall food availability in Iraq as a result of the Oil-for-Food Agreement (Security Council Resolution 986), there continue to be significant health and nutrition problems within the Iraqi population as a whole and particularly among children under five. Within the food sector, as in other sectors, the situation is particularly grave in the centre/south governorates of Iraq. Generally speaking, the traditional production systems of the north have provided the population there with a cushion against the negative impact of sanctions. This has been reinforced during the pre-986 years (and to some extent within the 986 humanitarian programme) by greater per-capita support to humanitarian programmes in the north.

3. While the SCR 986 general food ration currently provides every Iraqi with 2,150 kilo-calories per day, child malnutrition rates have remained high. As long as the Iraqi economy deteriorates and the slow collapse of basic infrastructure continues (particularly health, sanitation, electricity and water systems), the nutritional status of vulnerable groups will continue to remain precarious. The "enhanced" SCR 986 distribution plans (IV and V) attempt to address outstanding humanitarian needs through an inter-sectoral approach. However, in the absence of adequate revenues to meet large infrastructure requirements, parallel assistance programmes are critical to meeting immediate needs.

Humanitarian Situation

1. Food Availability under SCR 986

The implementation of SCR 986 has brought about a significant improvement in the household food situation of the Iraqi people. The general ration provided from March 1997 to 1998

provided for 2,030 kilo calories per person per day for every resident in Iraq. Under an enhanced phase of the programme, this ration should have risen to 2,300 kilo calories per person per day, but shortfalls in oil revenue and pumping capacity have delayed the increase. The current Phase V distribution plan provides for a ration of 2,150 kilo-calories per person.

Although the arrival of the first commodities was delayed and many of the initial distributions were lacking in certain items, the performance of the food distribution has improved greatly since mid - 1998. Over the past eight month period, Iraqis have received a complete - or near complete - food basket each month.

2. Food Security

Results of WFP's observation system have shown a high degree of dependency on the SCR 986 food ration and have likewise suggested that many households are relying on their food entitlement to meet other basic needs. For example, WFP observation findings show that the ration lasts the average family approximately 20 days of the month. It is likely that many Iraqis - especially the poorer ones - must sell or barter a portion of their monthly ration to purchase other basic needs including food items not included in the general ration (fresh vegetables, fruit and dairy products).

In terms of food prices, there are significant differences between the north and the centre/ south. Higher food prices in the centre/ south have meant that families in that region are forced to spend a disproportionate amount of scarce income to cover food needs not provided through the SCR 986 basket. Between September 1996 and September 1998, prices of SCR 986 commodities decreased by 34% in the north and by only 13% in the centre-south. More importantly, the price of foodstuffs not found in the 986 food basket decreased by 16% in the north but increased by 81% in the centre-south.

3. Vulnerable Groups and WFP Regular Programme Assistance

Since the imposition of international sanctions on Iraq, food security of vulnerable groups has been precarious. This was especially true before the implementation of SCR 986. Since 1991 WFP, at the request of the Government of Iraq, has implemented an emergency operation (EMOP) to support the needs of vulnerable people including malnourished children, expectant and nursing mothers, anaemic women, internally displaced persons, hospital patients, residents in social institutions and social welfare cases. At its peak following a joint FAO/ WFP assessment mission in 1995, the EMOP was assisting 2.15 million people. Many of these beneficiaries were registered social cases with the Ministry of Labour and Social Affairs. Because the welfare caseload was increasing so rapidly, the Ministry in 1994 suspended registration of additional welfare recipients - another signal of growing poverty and the inability of the government to continue providing a social welfare safety net.

The WFP EMOP has phased down substantially in Iraq as the Oil-for-Food agreement has come on line and the overall food situation has improved. Though vulnerable groups continue to face severe economic hardship, the provision of a near complete and regular SCR food ration has meant that supplementary food assistance is no longer a cost effective means of alleviating poverty among these groups. For this reason, the WFP Executive Board recently approved a relief operation which is more tightly targeted and complements the SCR 986 ration by providing micro-nutrient enriched food to malnourished children as well as providing food rations to the families of malnourished children, patients in hospitals and residents in social institutions.

Though small in relation to the fundamental humanitarian needs in Iraq, WFP has concluded that given its own mandate and the limited implementation capacity in the country, this relief project is the most appropriate response.

4. Food Distribution System

Access of all households to the SCR 986 food basket has been assured by an efficient distribution system throughout the country. This system was built on the Government distribution system in place before SCR 986. The Government is still responsible for distribution in the centre/ south, while WFP distributes food to 3.1 million people in the three northern governorates.

5. Nutritional Situation

Incidence of malnutrition in Iraq

The most comprehensive statistical information on trends in malnutrition among young children has been collected by UNICEF in collaboration with the Ministry of Health. Results of this survey, conducted in October 1998 indicate that the prevalence of general malnutrition in children under five in the centre and south of Iraq is 14.7% (underweight for age); 8.2% percent acute malnutrition (low height-for-age); 11.7% percent chronic malnutrition (low weight-for-height).¹ According to UNICEF, the level of about one-quarter of Iraqi children who are malnourished is much higher than the reported 9.2% for low weight-for-age reported in 1991.

The nutritional status of children in the north, according to a November 1998 UNICEF survey are marginally better with 13.6% underweight and 1.7% acute malnutrition.

Causes of malnutrition

The main reason for outstanding nutritional problems is the massive deterioration in basic infrastructure, in particular water-supply and waste disposal systems. The most vulnerable groups have been the hardest hit, especially children under five years of age. Throughout infancy they are subject to the vicious circle of exposure to unhygienic conditions (especially in urban centres), leading to diarrhoea and diseases which negatively affect nutritional status, which in turn reduces immunity to disease.

The principal reasons for high malnutrition in Iraq can be summarised as follows:

a) The inadequacy and deterioration of water and sanitation infrastructure and services and the resulting high incidence of diarrhoea and other waste-related diseases. For example, it is estimated that access to potable water is currently 50 percent of the 1990 level in urban areas, and only 33% in rural areas. Deterioration of waste disposal systems is equally severe. Addressing these problems is extremely challenging as the health care infrastructure in the country, which has traditionally had a curative orientation, is not equipped to address commonplace and chronic health problems.

b) Lack of necessary micro-nutrients in the SCR 986 general ration. Although the ration meets basic caloric requirements, it is deficient in several nutrients which are essential to normal

¹ Caution must be exercised in the interpretation of these results, as the sample was taken from primary health centres and is not necessarily representative of the entire population. However, they are believed to present a reasonably accurate picture of the general situation.

growth and development (such as iron, Vitamin A, and some of the B group vitamins, notably folic acid).

c) The fact that primary health care has not been a priority concern has led to the absence of basic health education. Thus, child care and health-related practices are often not in line with best medical practise.

d) Inappropriate infant and child care practices. According to the UNICEF/ MHO survey of March 1998, only 15 percent of children are breast-fed exclusively in the first six months of life and only one third of children are given no seem-solid/ solid food between the age of six and nine months.

6. Overall Agricultural Situation/ Food Supply Assessment

Prior to the Gulf war in 1990, Iraq had one of the highest per capita food availability's in the region, due to its relative prosperity and capacity to import large quantities of food, which met up to two-thirds of food requirements. The imposition of UN sanctions, however, significantly constrained Iraq's ability to earn foreign currency needed to import food and other needs. Major food shortages have only been averted by the adoption of the oil-for-food agreement in December, 1996.

Up to 1990, domestic food production accounted for only one third of total utilisation, even in exceptionally good years, with the balance covered by imports. During this time, the estimated cost of food imports averaged around US \$ 2 billion per year, though in poor production years the import bill could rise to US \$ 3 billion. Under Phase V, SCR 986 food imports account for \$ US 1.05 billion (out of a total of \$ US 1.79 billion available for all humanitarian supplies including food, medicine, agricultural implements etc.).

Finally, since the centre/ south has been more dependent on external imports, sanctions have had a greater impact on access to food there than in the north where it has been possible to rely on traditional production systems to supplement SCR 986 rations.

Recommendations

1. General

Recognising that WFP's assessment of the humanitarian situation in Iraq is limited to its expertise in the food and nutrition sector, WFP fully endorses the provision in the outline for the two-year review of the humanitarian programme for a comprehensive, inter-agency, inter-sectoral assessment of the global humanitarian situation. The assessment should determine the impact of sanctions on the economy and draw a full portrait of the current socio-economic situation. On this basis, the international community can determine what measures are required to address humanitarian needs in Iraq.

2. Food and Nutrition Sector

Based on the above evidence, and assuming the existing sanctions regime remains in place, WFP's food and nutrition recommendations are in line with the proposals of the Secretary-General's which were included in the "Enhanced Distribution Plan" for the fourth six-monthly phase of the Oil-for-Food programme. This plan recognised the following:

- that food was being provided in the absence of many essential conditions that would permit people to reap its full nutritional benefits. The Plan is therefore inter-sectoral, and provides for the allocation of oil proceeds not only to purchase food and medicine, but also for rehabilitation in other sectors.
- that the food basket be increased to 2,300 calories, thus meeting the basic caloric needs of the general population. The addition of milk/ cheese (in alternating months) to the ration also increases substantially its protein content.

Unfortunately, the combination of low oil prices and inadequate pumping capacity means that, in practice, the Iraqi population has yet to see the fruits of the Enhanced Distribution. It is probable, under the current situation, that Iraqis will continue to receive a food basket closer to the earlier, lower level of 2,030. Under the current SCR 986 mechanism it appears unlikely that enough revenue will be raised to meet the above recommendations - particularly to meet the massive investment needs for infrastructure.

3. Recommendations for the general ration

WFP recommends i) fortification of wheat flour as an efficient and effective way of providing iron, and other selected minerals (zinc and calcium) and B group vitamins, ii) fortification of vegetable oil to provide Vitamins A and D and iii) that salt be iodized. In addition, in order to prevent disease associated with contaminated water and to encourage breastfeeding, it is recommended that families with infants under one year be given the option of choosing for that child either a monthly ration of infant formula or a full adult ration.

4. Support for Parallel Humanitarian Assistance

Due to the delayed implementation of the enhanced distribution plan, and the inadequacy of SCR 986 to cover all humanitarian needs, parallel interventions like WFP's operation to provide assistance to malnourished children, their families and patients in hospitals and residents in social institutions will be required. This is in line with growing international recognition that humanitarian needs in Iraq are far greater than what SCR 986 has been able to provide given its current limitations.

Furthermore, even if sanctions were to be lifted, given the collapsed state of Iraqi infrastructure, and the lack of revenues to rebuild this infrastructure in the short term, WFP estimates that humanitarian interventions in the food and nutrition sector will be required for some time until the resumption of full economic activity. The present WFP relief operation, if fully financed by donors, would provide a minimum springboard, allowing us to meet immediate needs, to continue to assess outstanding humanitarian gaps, and to mobilise additional donor support as required.